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DATE: December 9, 2005

TO: Commissioner for Patents
Attn: Examiner Michael G. Mendoza
P.O. Box 1450
Alexandria, VA 22313-1450

FROM: Glenn M. Seager

OUR REF.: 1001.1286103
TELEPHONE: 612.359.9312

Total pages, including cover letter: 2

PTO FAX NUMBER 571-273-8300


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Title of Document Transmitted:	Notice of Appeal
Applicant:	Naroun Suon et al.
Serial No.:	10/789,110
Filed:	February 26, 2004
Group Art Unit:	3731
Our Ref. No.:	1001.1286103
Confirmation No:	7590
Customer No.:	28075

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I hereby certify that this correspondence is being sent by facsimile to the U.S. Patent and Trademark Office, Fax No. 571-273-8300 on December 9, 2005 Signature <u><i>JoAnn Lindman</i></u> Typed or printed name <u>JoAnn Lindman</u>		In re Application of <u>Naroun Suon et al.</u> Application Number <u>10/789,110</u> Filed <u>February 26, 2004</u> For <u>Retrieval Devices for Vena Cava Filter</u> Art Unit <u>3731</u> Examiner <u>Michael G. Mendoza</u>	
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		\$ <u>500.00</u>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ _____	
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<input type="checkbox"/> I am the applicant/inventor.		<u><i>Glenn M. Seager</i></u> Signature <u>Glenn M. Seager</u> Typed or printed name	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
<input checked="" type="checkbox"/> attorney or agent of record. <u>36,926</u> Registration number		<u>612-677-9050</u> Telephone number	
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____		Date _____	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
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